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B.C. Health Care Risk Management Society

Performance Plan 2001 – 2004

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B.C. HEALTH CARE RISK MANAGEMENT SOCIETY

PERFORMANCE PLAN 2001 - 2004

Introduction

The enactment of the *Budget Transparency and Accountability Act* in July 2000 precipitated the development of the BC Health Care Risk Management Society's (the "Society") first Performance Plan since its inception 15 years ago. During the Fall 2000, the Society's Board of Directors initiated a long-range planning exercise with a view to articulating a strong strategic foundation, including a vision statement, mission, values and clear directions for the future.

The need for this strategic planning exercise cannot be over-emphasized. Over the past few years, the demand for the Society's services has increased substantially. In addition, the role and responsibilities of the Society have changed dramatically. Prior to March 31, 1997, the Society's services were offered almost exclusively to acute care hospitals. With the advent of regionalization, the Society's membership increased to include all regional health authorities, whose collective mandate was expanded to include services previously offered directly by the Ministry of Health. In addition, the Society assumed responsibility of providing risk management for the real property and crime coverage programs in March 1998. As a result, the general volume of services increased steadily, particularly in the provision of risk management advice and in the management of claims.

The Society's Board of Directors therefore recognized that efforts were required to re-focus the Society in a number of important areas. First, with respect to governance and administration, it became increasingly important for the Society to establish a clear direction for the future and to define its priorities within available resources. This included a review of the Board's role and mandate and the development of governance policies to help guide the Society and its administration.

Second, given the changing health care landscape, the Society recognizes the need to further develop its educational mandate with a particular emphasis on the promotion of sound risk management practices. Partnerships with other organizations need to be further developed in order to successfully promote education in this area.

Third, the Society and its staff must continue to remain abreast of major risk management issues and their impact on our member health care agencies. The Society will be challenged to continue working in partnership with others to provide tools and assistance in addressing these major issues.

Finally, a significant emphasis continues to be required in research and evaluation to provide information regarding patterns of loss, and to identify areas requiring loss control attention and risk management programming. Such an approach should also enable greater insight regarding member needs and expectations, and support a client-focused approach to the delivery of service.

These are only a few of the major challenges facing the Society at this time. In an effort to deal with these (and other) challenges, we submit the following Performance Plan, which outlines our strategic foundation and the objectives we intend to achieve over the next 3-year planning period.

Overview of B.C. Health Care Risk Management Society

History

The Society was founded in 1986, to provide an alternative to a volatile liability insurance market. The Society was formed as a non-profit organization, incorporated under the *Societies Act*. It is directed as a co-operative venture by 15 Directors who represent the B.C. health care industry and the provincial government. The Society is operationally funded through grants from the Ministry of Health.

According to the federally commissioned Prichard Report on Liability and Compensation in Health Care (Prichard, 1990), non-commercial insurance arrangements, like the Health Care Protection Program ("HCPP" or the "Program") administered by the Society, contribute to reduced costs and the promotion of high quality health care. Prichard recommended that these programs be continued and strengthened across Canada. The Society has now been established for fifteen years and has served and adapted to the changing risk and operating environments of health care agencies, including the recent reform transition to a regionalized health care system.

As a result of regionalization and its evolving operating environment, the Board of the Society chose to expand the Society's role in the management and delivery of the Health Care Protection Program as of 1995. Expanded program coverage for the Community Health Councils, Community Health Service Societies and Regional Health Boards, and designated entities that request and meet coverage requirements through association with the Councils and Boards, is now available. In addition, in April 2000, the Society assumed responsibility for the administration of the legal retainer contract with Staples MacDannold Stewart.

Role and Responsibility

The BC Health Care Risk Management Society has a unique mandate; to provide Risk Management Services (including liability coverage) for hospitals, Regional Health Boards ("RHBs"), Cluster Boards, Community Health Councils ("CHCs"), Community Health Service Societies ("CHSSs") and other designated health care agencies within British Columbia. This is a major change from the original mandate of the Society under which only hospitals and approved long term care facilities received liability coverage through the Society. In addition, the Program has been expanded to include property and crime coverage which was previously provided through the private insurance market. The new and ongoing responsibilities of the Society Program include:

Risk Management Services

In general terms, the services of the Society's Program include the provision of risk management services for member entities including RHB's, CHC's, CHSS's and other designated health care agencies and providers. Such risk management services include, without restriction:

a) **the administration of the Health Care Protection Program and other risk, insurance or loss funding programs which may arise; and**

b) **the provision of direct or indirect risk management advisory and inspection services, including consultation, education, loss control and communication support for its member Regional Health Boards, Community Health Councils, Community Health Service Societies and other designated health care agencies and providers.**

More specifically, the Society's core functions include:

1) Loss Funding:

Through an indemnification contract and other arrangements with the Province, the Health Care Protection Program responds to claim losses incurred by the members of the Program. An actuarial analysis is completed annually in order to predict the level of funding necessary to pay for such claim losses.

2) Administration of the Health Care Protection Program ("HCPP" or the "Program"):

The Society, in conjunction with the Risk Management Branch of the Ministry of Finance, participates in the administration, interpretation and application of the Health Care Protection Program. The coverage agreements which provide the basis for the Program, include the Health Care Comprehensive Liability Agreement, the Health Care Crime Agreement and the Health Care Property Agreement, (collectively the "Coverage Agreements" or "Agreement") and describe the terms, conditions and limitations of protection afforded to members of the Society. The Society provides members with direct advisory services relating to questions or situations which arise related to coverage/application of the Program.

3) Risk Management Advisory Service:

The purpose of the Society's Risk Management Advisory Service is to assist in the prevention, identification, evaluation and management of risks at the Health Agency and Provincial level. The Service has three components:

- *Centralized Telephone Consultation*:

  The Society provides guidance, advice and information regarding issues, problems or situations arising in the operation of the Health Agency which constitute perceived or actual risk exposures.

- *Risk Management Education*:

  The Society organizes resources for the provision of basic and custom educational programming to member agencies on risk management topics, principles and practices. The services are organized to match expertise to specific audiences, care settings and desired topics.

- *Communications*:

  The Society produces routine and "as needed" publications and other media related to the management of the Program, as well as risk, coverage, claims and relevant operational issues faced by our members.

Overview of Health Care Protection Program

The Health Care Protection Program ("HCPP" or the "Program") is a single comprehensive coverage program which is comprised of 3 coverage agreements, the Health Care Comprehensive Liability Agreement, Health Care Property Agreement and the Health Care Crime Agreement. The Program was developed to provide the management, delivery, self-insurance and risk financing requirements for:

1) Regional Health Boards (RHBs);

2) Community Health Councils (CHCs);

3) Community Health Service Societies (CHSSs);

4) Amalgamated Agencies of RHBs, CHCs, and CHSSs; and

5) Other designated health care agencies, in particular those entities previously covered under the Hospital Protection Program (HPP) and which have not amalgamated with a RHB, CHC or CHSS and entities which have decided to organize outside the RHB, CHC, or CHSS structure (e.g. cluster boards).

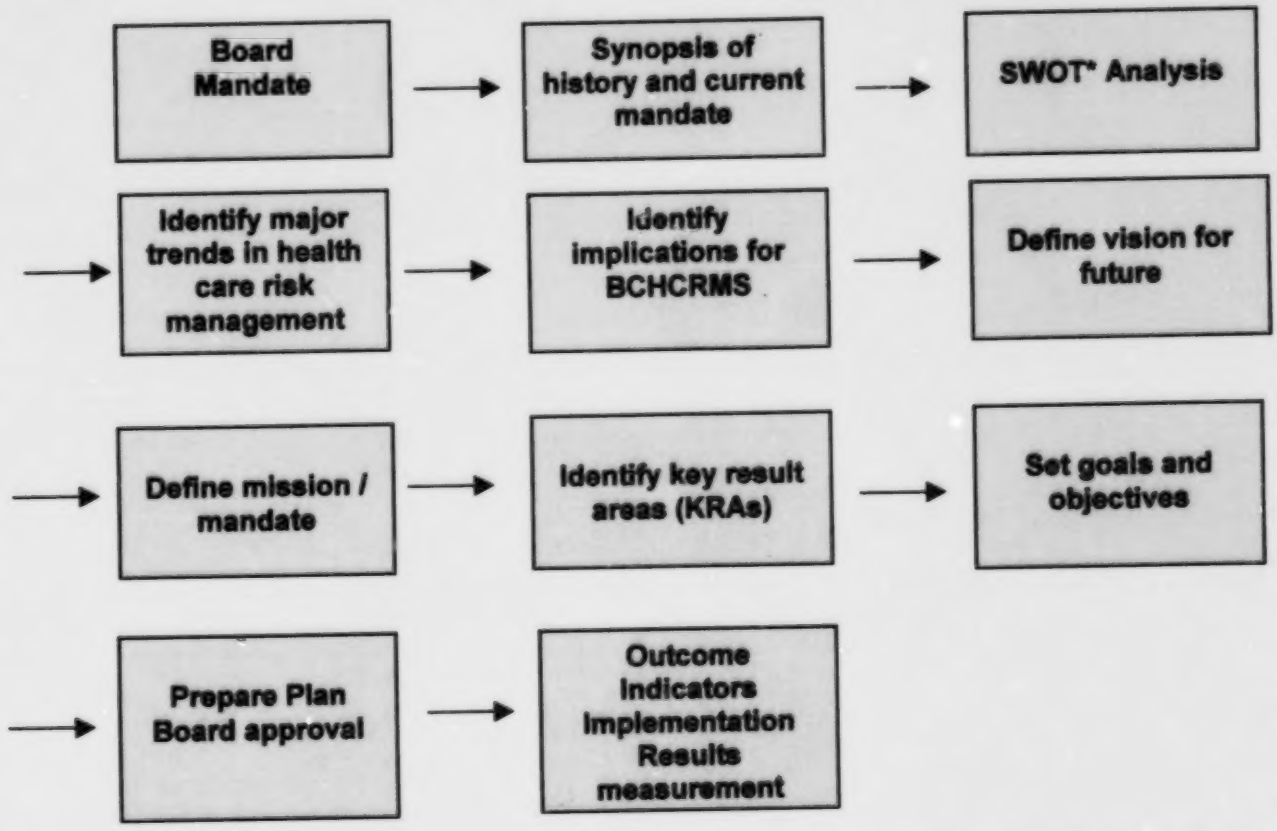
All of the above organizations are considered members of the BC Health Care Risk Management Society and accordingly, covered entities under the HCPP Program. A specific Agency receives the benefits of the Program upon proper designation or completion of specific notification and acceptance processes. Eligibility for the Program is established by designation of an entity under the *Health Authorities Act* (i.e. RHBs and CHCs), designation as an entity incorporated under the *Society Act* as a CHSS, by historic membership in the HCPP or by recommendation by the Ministry of Health.

Strategic Planning Process

In September 2000, the Society's Board of Directors initiated a strategic planning process. The basic purpose for initiating this process was to:

- Assess the current environment, and create a vision of the future, and develop a plan of action to guide and position the Society; and
- Define organizational priorities and objectives, identify performance indicators, and implement strategies to achieve the objectives.

An overview of the planning framework used by the Society's Board of Directors can be summarized as follows:


Board Mandate
Synopsis of history and current mandate
SWOT* Analysis
Identify major trends in health care risk management
Identify implications for BCHCRMS
Define vision for future
Define mission / mandate
Identify key result areas (KRAs)
Set goals and objectives
Prepare Plan Board approval
Outcome Indicators Implementation Results measurement

*Strengths, Weaknesses, Other Threats

Strategic Foundation

In undertaking the process identified above, the Board of Directors recognized that the organization's strategic platform is based on four crucial foundations:

1. A shared vision
2. A clearly articulated mission or purpose
3. A statement of organizational values
4. Strategic directions

The Society's Board of Directors also recognized that section 13(4) of the *Budget Transparency and Accountability Act* requires performance plans to be consistent with the government's strategic plan or statement of priorities. As outlined by the Crown Corporation Secretariat in December 2000, the Government's first of eight priorities is:

"To save and renew Medicare."

In developing the strategic plan for the next 3-year planning cycle, the Society has developed a vision and mission that are consistent with the government's priority in health care. The strategic plan also clearly articulates how the Society intends to contribute to the provision of quality care for the residents of British Columbia.

Vision statement

The Society's Vision can be articulated as follows:

"The leader in risk management resources for BC health care".

Mission statement

The Society's Mission articulates the fundamental purpose of the organization:

"The Society is a publicly-funded, non-profit organization with specialized knowledge and expertise which provides risk management resources for designated health care agencies in B.C.

The Society's fundamental purpose is to facilitate the provision of quality health care for the residents of B.C. by proactively working with health care organizations in:

- *The provision of value-added, professional and comprehensive RM resources;*
- *The development of an information resource centre on risk assessment and risk management;*

- *The provision of an active advisory and educational service which focuses on risk control and quality;*
- *The dissemination of information on RM issues to the health industry, including the Ministry of Health and appropriate provincial associations and other entities; and*
- *The administration of the Health Care Protection Program, including risk funding and claims management."*

Core values

The Society's core values define the Society's beliefs and the behaviours expected in the day-to-day interactions among staff members, and with its various stakeholders.

The Society's core values are as follows:

Leadership...

- Providing guidance and direction by exhibiting a strong commitment to our members, the Society and our individual employees
- Being fair and equitable
- Fostering initiative, proactivity, collaboration with our members, and supporting employees in proposing ideas and solutions

Integrity...

- Conducting ourselves in a sound professional and ethical manner, and supporting honesty and candor in others
- Providing consistent and reliable (accurate and thorough) advice to our members

Openness and trust...

- Fostering an environment characterized by sensitive, open and frank communication to create and enhance mutual understanding
- Trusting each other's actions and words as being genuine
- Proactively looking out for our members' best interests

Teamwork...

- Achieving organizational goals through cooperation and collaborative effort, while recognizing and cultivating group and individual skills

Mutual respect…

- Understanding that all employees can make a valuable and equal contribution to the organization
- Respecting (without judgment) the inherent dignity, beliefs and values of those we encounter
- Candidly expressing dissatisfaction in a constructive (as opposed to a personal) manner

Environmental Scan & Key Strategic Issues

Impact of regionalization

The role and mandate of the Society have changed dramatically since its inception in 1986. In large part, this change can be directly attributed to the regionalization of the health delivery system in British Columbia, beginning in 1997.

Prior to March 1997, the Society's services were offered almost exclusively to acute care hospitals, and the number of member organizations totalled approximately 200. Since that time, the Society's responsibilities have been expanded significantly. The advent of regionalization resulted in a significant increase in membership, to encompass all RHBs, CHCs, CHSSs, and some "free-standing" entities. It also included services previously offered directly by the Ministry of Health (public health, home support, continuing care, and community mental health).

In March 1998, the Society assumed responsibility of providing risk management services for the real property and crime coverage programs, in addition to the liability coverage program. In April 2000, the Society's mandate was further expanded to include responsibility for the administration of the legal retainer contract for programs previously provided by the Ministry of Health.

With these additional responsibilities, the Society now provides services to approximately 745 member entities across the entire spectrum of health care services in British Columbia. The result has been a significant increase in the demand for the Society's services without a proportionate or concomitant increase in staffing or other resources. Despite this reality, the Society continues to provide valuable services to its membership, but recognizes the need to clearly establish priorities and focus areas in order to maximize the use of its finite resources.

Education and promotion of risk management practices

A major challenge confronting the Society involves the provision of a proactive educational program for the benefit of its member entities. The existence of risk is inherent in the provision of health care. Risk management techniques have proven to be successful in avoiding and minimizing the exposure to risk, while enhancing the provision of quality care.

The Society recognizes its fundamental responsibility in educating all levels of health care personnel regarding the advantages of implementing sound risk management practices and processes. The Society's ongoing challenge relates to the development of an educational program that will assist member entities in reducing costs incurred from liability, property, personnel, and net income related risks, and thereby contribute to improving the health of British Columbians.

Management of major RM issues

The complexity and nature of the health care environment necessitates a careful and ongoing assessment of major RM issues impacting upon the Society's members. As technological advances continue at an unprecedented pace, and as staffing issues continue to increase the level of stress in health care, there is a serious need to remain abreast of RM interventions that can provide useful tools in minimizing exposure to risk and loss.

The Society's major challenge is to work in close collaboration with its members and others to provide the tools and assistance required to address these major issues. While a "standard" approach may not be prudent in all cases (given the unique circumstances of each health authority), the Society can play an instrumental role in coordinating the development of "templates" or guidelines that will benefit health care organizations and the provision of quality care.

Research and evaluation

All health care organizations recognize the importance of research and evaluation in providing evidence-based data to support new and better health care interventions. Research and evaluation also provides a significant opportunity for identifying corporate and clinical risks, and categorizing their potential consequences.

The Society's challenge is to maximize its research and evaluation capacity in order to provide evidence-based information regarding patterns of loss, and to identify areas requiring loss control attention and RM programming. In addition, the need to establish linkages with other jurisdictions to learn new and better ways of delivering RM services is evident.

The development of such linkages, in addition to a well-developed research and evaluation program will assist in the ongoing determination of the needs of the Society's members, while promoting a client-focused approach to the delivery of RM services.

Technology

The effective use of technology in risk management facilitates the identification of areas of risk and helps reduce potential losses. In an effort to assist in tracking and monitoring actual losses and exposures to risk, the Society will be challenged to coordinate the development of computerized incident reporting processes. This will enable the Society and its members to more readily identify areas of risk concern, while allowing for evidence-based corrective action.

In addition, as a central information resource to health care, there are significant opportunities to enhance the development of the Society's website to provide timely, user-friendly, and consistent information to its member entities.

Key Strategic Directions, Goals and Objectives

Following are the Society's key strategic directions as developed during the strategic planning process. The strategic direction has been broadened into an overall goal for the Society and key objectives have been chosen for inclusion in the Performance Plan.

STRATEGIC DIRECTION #1 - ORGANIZATIONAL DEVELOPMENT

Goal: ***Further develop and maintain an organizational infrastructure (including resources, systems and staffing) to deliver core BCHCRMS services***

Objective - To assess our current resources, determine the adequacy of same, and identify the deficiencies that need to be addressed in order to deliver our core services.

STRATEGIC DIRECTION #2 - EDUCATION:

Goal: ***Provide leadership in the development and delivery of RM education to the health care industry***

Objective - To generate an educational strategy in collaboration with our membership

STRATEGIC DIRECTION #3 - ADVISORY SERVICES / COMMUNICATION

Goal: ***Provide leadership in the provision of RM advice and resources to BCHCRMS members***

Objective - To assist member facilities in developing appropriate internal RM structures and processes.

STRATEGIC DIRECTION #4 - RESEARCH AND EVALUATION

Goal: Enhance the Society's expertise and knowledge base in RM through research and evaluation

Objective - To exchange and share information with other RM entities or organizations, regionally, nationally, and internationally

STRATEGIC DIRECTION # 5 - CLAIMS MANAGEMENT

Goal: Enhance and maintain the claims management process

Objective - To support our members in dealing with Risk Management issues arising throughout and beyond the claims management process

STRATEGIC DIRECTION # 6 - DEVELOPMENT OF RM PRACTICES

Goal: Partner with BCHCRMS members in the development and enhancement of a risk management framework and process

Objective - To promote "templates" for RM systems and processes

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Performance Measures:

As we begin to work through the development and implementation of our strategic plan, performance measures at the organization level will be revised and expanded upon or clarified as necessary. The very nature of the services that are provided by the Society lend themselves to performance measures which typically address output as opposed to outcomes. Advisory services of a preventative nature can be difficult to quantify, particularly given the uniqueness of our programs and consequently the lack of appropriate benchmarks as performance measures. The Society is faced with the challenge of the identification and development of appropriate performance measures over the coming year.

While we continue to develop our performance measures, our present focus is in the key areas of **Organizational Development and Education**.

Organizational Development:

In order to assess our current resources, determine the adequacy of same, and to identify the deficiencies that need to be addressed in order to deliver our core services we must *first* ***develop a means by which to appropriately measure and monitor workload levels***. This will be considered carefully as we progress through the coming year. Once an appropriate system is developed and implemented we will monitor the process as we work towards the long term goals of efficiency and quality.

Goal	Objective	Performance Measures		
		2001 / 02	2002 / 03	2003 / 04
Further develop and maintain an organizational infrastructure (including resources, systems and staffing) to deliver core BCHCRMS services	To assess our current resources, determine the adequacy of same, and identify the deficiencies that need to be addressed in order to deliver our core services	Develop a means by which to appropriately measure and monitor workload levels: • catalogue requests for advisory services including priority level • development of workload time sheets	Measure workload against the resources available • systems • staffing Identify deficiencies and assess resources required to rectify	Modify systems / staffing as necessary in order to deliver core BCHCRMS services. Monitor and modify workload tracking systems as necessary

Education:

Key to our success is our ability to reach our members through educational services, supporting health care agencies in improving the quality of health care provided to British Columbians. Fundamental to this goal is the need to work with our membership in the development of an overall educational strategy. Key areas of education will be identified with ***target goals to be set on an annual basis***. Key areas already identified for the coming year include Section 51 of the BC Evidence Act, and Adult Guardianship Legislation.

Critical to our ability to provide ongoing risk management education and high on both our own and on our members' agendas as an educational priority is the expansion and improvement of our existing website. We will continue to focus our efforts in this area during the coming year with the expectation that a ***comprehensive, user-friendly and functional website will exist by 2002***. On a longer term basis, looking forward to the future, we anticipate utilizing our website to provide significant aspects of our core educational services.

Goal	Objective	Performance Measures		
		2001 / 02	2002 / 03	2003 / 04
Provide leadership in the development and delivery of risk management education to the health care industry	To generate an educational strategy in collaboration with our membership	Manage existing commitment to educational sessions given current resources Province-wide: • Section 51 of the BC Evidence Act • Adult Guardianship Legislation Review member feedback	Member survey for educational needs with annual targets to be developed Explore alternative forms of educational delivery Analyze resource levels to determine necessary adjustments	Member survey for educational needs with annual targets to be developed Development of joint educational initiatives with various bodies / organizations

Goal	Objective	Performance Measures		
		2001 / 02	2002 / 03	2003 / 04
Continued	Expand and improve existing website	Identify areas for inclusion under enhanced website Secure competitive pricing / options Core components of website up and running by end of fiscal year 01 / 02	Monitor website use through analysis of "hits" and member feedback Expand core components based on member feedback	Explore options for monitored member discussion board Provide elements of core educational services "on-line"

For additional inquiries please contact:

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